



Child Development Associate (CDA) - Training Participation Acknowledgement Form
To be completed by the center/program director or authorized staff

CDA Candidate's Name: _____

CDA Candidate's Position: _____

Age Group the Candidate works with: _____ Infant/Toddlers _____ Preschool _____ Family

Center Name: _____ Telephone: _____

Center/Program Director: _____

I, _____ (**Authorized Staff**), agree to support the above name CDA candidate in pursuing their CDA credential by agreeing to the following: ***(Please initial each item)***

_____ Agree to allow the candidate to complete the CDA Verification Visit at the child development facility. This is a required component of the CDA credentialing process, where the candidate will be observed and evaluated working with children in a specific age group.

_____ Verify the number of hours of professional work experience/volunteer hours that the candidate has completed in the endorsement that they are pursuing. Candidate is required to complete 480 hours within 3 years of submitting the CDA application.

_____ Complete the director section of the Council for Professional Recognition CDA application upon the candidate completing the required 120 hours of instruction, the CDA Resource Portfolio and work experience.

I verify that I am the authorized person identified or named in this form and I attest to the accuracy of the above statements. I understand that Southeast Children's Fund Professional Development Institute is required to place this form in the candidate's file as part of the grant agreement with the Office of State Superintendent of Education (OSSE). I also understand if I do not agree to these terms, SCF is required to report the center to OSSE. Lastly, I consent that information shared using this form will be shared to SCF, OSSE and the Council for Professional Recognition.

Signature _____ Date: _____

Title _____